

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Aug 07 1996 8:00 am
 Secretary of State

DOCUMENT # P24703 (1)

1. Corporation Name
ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH, INCORPORATED



Principal Place of Business Mailing Address
150 S.E. SECOND AVENUE - SUITE 800 - SUITE 2650 MIAMI FL 33131-1802
2 S. BISCAYNE BLVD. 150 S.E. SECOND AVENUE - SUITE 800 - SUITE 2650 MIAMI FL 33131-1802

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/12/1989	03/06/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		13-1818723	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TEITELBAUM, ARTHUR 150 S.E. SECOND AVENUE 2 S. BISCAYNE BLVD. SUITE 800 2650 MIAMI FL 33131-1802				81 Name	ARTHUR N. TEITELBAUM		
				82 Street Address (P.O. Box Number is Not Acceptable)	2 SOUTH BISCAYNE BLVD.		
				83	SUITE 2650		
				84 City	MIAMI	85 State	FL
						Zip Code	33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 8/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALBERG, MELVIN	1.2 NAME	
STREET ADDRESS	600 THIRD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSLER, DAVID	2.2 NAME	
STREET ADDRESS	321 MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GR BARRINGTON MA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, IRVING	3.2 NAME	
STREET ADDRESS	C/O SULLIVANS, RTS 17 AND 52	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY NY 12754	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAFTALY, ROBERT	4.2 NAME	
STREET ADDRESS	600 EAST LAFAYETTE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOXMAN, ABRAHAM H.	5.2 NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLNER, PETER T	6.2 NAME	
STREET ADDRESS	823 UNITED NATIONS PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: 7/25/96 212 8857722

CR2E037 (3/96)